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Safer primary care for all: a global imperative

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Safer primary care for all: a global imperative



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Paradoxically, although primary care is the setting in which most care is provided, in the context of deliberations on patients' safety and reduction of the burden of iatrogenic harm, most attention has hitherto been focused on specialist care settings. Promotion of universal health coverage has recently emerged as a key priority for WHO and its member states, and provision of accessible and safe primary care is regarded as essential to meet this important international policy goal.¹ The release of the deliberations from WHO's inaugural Safer Primary Care Expert Working Group² is intended to help redress this imbalance by signifying WHO's intention to stimulate international action to support the delivery of safer primary care.

This begs the question of why, more than a decade after the issue was raised, so little progress has been made in primary care.³ This situation can partly be explained by the fact that the findings from original studies showing the high frequency of medical errors and associated morbidity were all undertaken in hospital settings.⁴ These landmark epidemiological investigations first alerted the international community to key areas of concern in hospital care provision and resulted in a range of government-backed policy and research initiatives,⁵ which have in turn helped to create an important new discipline of enquiry. Studies have evolved from initial descriptive work aiming to assess the frequency of errors to, more recently, randomised controlled trials, which are now testing interventions designed to enhance patients' safety.

A second key reason for the inattention to primary care is that it is sometimes perceived as less risky than secondary care. This situation is indicative of a failure to distinguish between relative and absolute measures of risk. Thus, although it is reasonable to conclude that complex procedures such as emergency hip replacement surgery in an elderly patient with related comorbidities run a greater risk of iatrogenic harm than do antibiotics issued to a young woman with a urinary tract infection in a general practice consultation, there is a failure to appreciate that, in view of the fact that most care takes place in community care settings, the overall burden of iatrogenic harm is likely to be substantially higher in these settings than in specialist care settings. Additionally, an increased proportion of error in primary care is

likely to arise from misjudgments and misdiagnoses, a complex field conceptually, which is difficult to study in circumstances in which extensive follow-up and true diagnosis needs to be established as a comparison.⁶

Up to now, most work on safety has been dominated by an economically developed country agenda, and, moreover, one in which the focus has been on errors of commission. Low-income and middle-income country participants of the WHO Safer Primary Care Expert Working Group made clear the policy need for local data on the burden of unsafe primary care in their countries. In view of restricted universal access to health care, these participants especially highlighted the need to broaden the focus of enquiry so that the risk of preventable harm associated with errors of omission is also studied.^{7,8}

The WHO Safer Primary Care report² has grappled head-on with the challenges associated with many variations in the scope, nature, and provision of primary care in different countries; insufficient data from low-income and middle-income country settings to inform priorities for care; the need to develop instruments and approaches to more accurately assess the overall disease burden; and the almost complete absence of trial evidence on how to improve the safety of primary care provision. Therefore, the report should result in a welcome widening of the lens through which patients' safety considerations are viewed.

Building on the Alma Ata declaration⁹ and WHO's recent reaffirmation of the central importance of primary care,¹ WHO's deliberations provide a call for action and an agenda for change. This initial WHO pronouncement will now be followed by a global synthesis of available epidemiological evidence on the risks associated with primary care provision, the findings from an international research prioritisation exercise undertaken by members of the Safer Primary Care Expert Working Group, and a WHO Global Roadmap to Safer Primary Care.

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